DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	13-015	Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/2013	
5. TYPE OF PLAN MATERIAL (Check One):		and the second s
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI		ich amendment)
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(30)(A)	7. FEDERAL BUDGET IMPACT:	
1702(a)(30)(A)	a. FFY 2013	\$ 6,928
	b. FFY 2014 c. FFY 2014	\$ 27,852 \$ 27,852
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		\$ 27,852
Page(s) 1 of 1 and 2 of 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19B	Page(s) 1 of 1 and 2 of 2	
Methods & Standards for Establishing Payment Rates	Attachment 4.19B	
Service 6.b	Methods & Standards for Establishing Payment Rates	
Optometrists' Services	Service 6.b	g I dyment Rates
•	Optometrists' Services	
10. SUBJECT OF AMENDMENT:		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPE	CIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
1	Montana Dept. of Public Health and Human Services	
Mary E. Nalton	Mary E. Dalton	
13. TYPED NAME: Mary B. Dalton	State Medicaid Director	
14 TIPI E. CA.4. M. J	Attn: Jo Thompson	
14. TITLE: State Medicaid Director	PO Box 4210	
15. DATE SUBMITTED: 91 (Helena, MT 59604	
15. DATE SUBMITTED: $9/17/13$		
THE PROPERTY OF THE PROPERTY O	THEE USE ONLY	
17. DATE RECEIVED:	18 DATE APPROVED	
	827 2:	2013
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20 SIGNATURE OF REGIONAL O	PFICIAL:
21. TYPED NAME: EICHARD G. ACLEA	HEA, DINCHO	
23. RBMARKS:	and the second program of the second program	
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